

## FOREWORD

The National Commission on Drug-Free Schools was established by Congress in Section 5051 of the Anti-Drug Abuse Act of 1988 (P.L. 100-690) and assigned the following four tasks:

- ◆ To develop recommendations of criteria for identifying drug-free schools and campuses;
- ◆ To develop recommendations for identifying model programs to meet such criteria;
- ◆ To make other findings, recommendations, and proposals the Commission deems necessary; and
- ◆ To prepare and submit a final report to the President and Congress.

Under the legislation, the Secretary of Education, Lauro F. Cavazos, and the Director of the Office of National Drug Control Policy, William J. Bennett, were appointed cochairmen of a 26-member commission. In August 1989, they appointed 16 citizen members representing drug education and prevention, state and local education agencies, parent-teacher organizations, school boards, community groups, and law enforcement. Congress appointed a bipartisan delegation of four members of the Senate and four members of the House of Representatives.

The Commission met for the first time on August 24, 1989, when it adopted the following goals:

- ◆ To identify and discuss circumstances, situations, and issues that contribute to illicit drug, alcohol, and tobacco use, abuse, and dependency among students.
- ◆ To make recommendations on strategies, programs, criteria, and policies that could assist in making our schools and students drug-free.
- ◆ To develop criteria for identifying model programs.
- ◆ To develop recommendations for identifying existing programs that meet such criteria.
- ◆ To make recommendations on ways to develop new model programs.
- ◆ To develop a report of the Commission's findings and present that report to the President and Congress within a year.

Commission members heard prepared testimony from more than 150 people representing the schools and communities where hearings were held. At six regional meetings, the Commission held day-long panel discussions with more than 200 experts in drug education and prevention. Commission members visited 17 schools and campuses, as well as a neonatal intensive care unit for drug-affected babies, a center for abused and neglected infants, foster homes, a runaway shelter, a juvenile detention center, and a public housing project. Commission members also talked with more than 1,500 students, teachers, school administrators, and parents, and rode police and citizen patrols through inner-city neighborhoods and along the Mexican border.

This final report presents an outline of goals for achieving drug-free schools by the year 2000; an overview of drug problems among young people; a summary of students' views on alcohol, tobacco, and other drugs; and an outline of the roles and responsibilities of community groups and organizations. The Commission's findings and recommendations, which make up most of the report, provide observations about drug problems and suggest ways that schools and communities can begin to solve them. Examples of some effective drug prevention programs and activities the Commission found in its investigations appear throughout the report.

The Commission has given considerable thought to the contents of this report and is in full agreement on an overwhelming number of the findings and recommendations. Unanimity on every recommendation, however, was not possible given the diversity of perspectives and strongly held views of members. Rather

than include minority views separately, the Commission wishes to acknowledge that some differences of opinion exist among members.

**TOWARD A DRUG-FREE GENERATION: A Nation's Responsibility** proposes an action plan for the nation to achieve drug-free schools. It is presented to the President, Congress, and the American public with the hope that it will lead to more effective drug education and prevention in schools and communities—and that ultimately it will help save young people now and in the future from the ravages of drugs.

## EXECUTIVE SUMMARY

The National Commission on Drug-Free Schools held hearings and meetings with students, parents, teachers, government officials, and community groups and made site visits to schools, colleges, and youth programs to assess the extent and nature of the drug problem in our schools and colleges and to recommend ways in which the problem can be addressed. The major findings and recommendations of the Commission are as follows:

America's schools have two drug problems. Although still intolerably high, the use of cocaine, marijuana, and other illicit controlled drugs has declined sharply over the past decade. The use of alcohol and tobacco, however, has remained at a high level.

- ◆ The Commission calls on every school and college to help meet the performance goal of the President and the Nation's governors to achieve drug-free schools by the year 2000. This will require expanding and improving drug prevention programs in the schools.

In order to be effective, school prevention programs must have the support of the entire community.

- ◆ The Commission calls on every segment of society to get involved in drug education and prevention. It provides examples of roles that every segment of the community, including students, parents, religious organizations, media, law enforcement, and business can perform.

Prevention efforts should begin early. Students begin using alcohol and tobacco, often the gateways to other drugs, as early as the third grade.

- ◆ The Commission calls on schools to concentrate their prevention efforts in the elementary grades, and not wait until junior or senior high school. The Commission also calls for schools and colleges to develop a variety of programs to meet the needs of high risk youth.

Although most schools have policies on the use, possession, and distribution of drugs at school, these policies are not always effective because they are inconsistently enforced.

- ◆ The Commission calls on the Department of Education to monitor closely the development and enforcement of school and college antidrug policies, as called for in Section 22 of P.L. 101-226.

Researchers and educators are just beginning to learn which drug education and prevention programs and approaches are effective in reducing or preventing drug use.

- ◆ The Commission calls on funding agencies to support only those activities that have proven to have a likelihood of preventing drug use; activities that have been demonstrated to be ineffective should not be funded by Federal, state, local, or private sources. The Commission also calls for more research and evaluation to identify the types of programs that successfully prevent the use of drugs, including alcohol and tobacco.

Drug prevention policies and curricula can be bolstered by efforts to provide afterschool activities and enrichment, and that help students take advantage of resources within the community.

- ◆ The Commission calls on schools to develop better linkages with health, social, employment, and drug treatment services in the community, and for schools to remain open after school hours and during the summer months to provide a site for a variety of youth, family, and community activities.

School teachers and administrators are not adequately prepared to recognize and effectively deal with students' drug problems.

- ◆ The Commission calls on all states to require that teachers be trained in drug education as well as in how to recognize the symptoms of drug use and intervene effectively, and for communities to assist schools in providing in-service training for all school staff members.

Despite recent significant increases in Federal funding for drug education, many schools still lack resources to implement state-of-the-art drug prevention programs.

- ◆ The Commission calls on states, local communities, and the private sector to increase funding for drug prevention programs in the schools.
- ◆ The Commission calls on the Congress to enact legislation requiring the states to match Federal funds made available under the Drug-Free Schools and Communities Act.
- ◆ The Commission calls on the states to establish assessment funds for drug education and treatment. Money would come from persons convicted of drug offenses, who would be assessed a mandatory fine.

The use of alcohol and tobacco by young people is alarmingly high, and has been largely unaffected by drug prevention efforts. Because alcohol and tobacco are legal for adults, distinct and targeted prevention efforts are needed to reduce their use by young people.

- ◆ The Commission calls for a range of actions that would make it more difficult for young people to purchase alcohol and tobacco, and for stricter penalties for those who illegally sell alcohol and tobacco products to underage persons. Proposals include raising excise taxes as a deterrent to use; launching statewide campaigns against smoking and drinking; requiring the licensing of tobacco vendors; prohibiting alcohol and tobacco advertising and promotions at state colleges and universities; and prohibiting alcohol and tobacco use at schools and school functions.
- ◆ The Commission calls on the Congress to consider requiring equal time in the media for anti-alcohol and -tobacco advertising, and additional mandatory health and safety labels on alcohol and tobacco products relating to underage use.

Many schools and colleges have ignored the moral and ethical aspects of drug education.

- ◆ The Commission calls for all schools and colleges to provide moral leadership in the war on drugs and to include, either as part of their drug education program or separately, the principles of civic and individual values and responsibilities such as honesty, loyalty, integrity, compassion, hard work, citizenship, and respect for others.

## PREFACE

For too long, an epidemic of illicit drug use has afflicted America's young people, robbing many of life itself, and preventing many more from fulfilling their hopes and dreams. Drugs have torn apart America's families, corrupted the nation's values, and devastated countless communities. No corner of the land has been spared—no social class, no region, no neighborhood, and no school.

Over the past decade, however, this epidemic of illegal drug use—cocaine, marijuana, heroin, PCP, methamphetamines, and the like—has begun to recede. Fewer young people now are using them than at any time since 1979. Credit for this must go to the American people. They have seen the ravages of drugs close up. They know what drugs can do, and they have said "Enough." Young people too deserve much credit for turning away from drugs, and their hardening attitudes towards drugs have been documented in national attitudinal surveys.

Nevertheless, the use of cocaine, marijuana, and other dangerous drugs remains intolerably high among young people. In many schools, illegal drugs and drugs trafficking are as prevalent as ever. Elsewhere, their presence has diminished. As a nation, the American people must keep the pressure on, and work to reduce further the extent of drug use among the young. This report recommends a number of steps to help continue this momentum.

Still, while illegal controlled drugs have begun to yield to prevention efforts, two other harmful substances—alcohol and tobacco—have stubbornly resisted. Far more young people use alcohol and tobacco than have ever used cocaine, marijuana, or other illegal controlled drugs, and that use has remained virtually constant for many years. Alcohol and tobacco pose serious health hazards to young people. Alcohol-related traffic accidents are the leading cause of death among young people. And the use of alcohol and tobacco frequently precedes the use of cocaine, marijuana, and similar drugs. For all of these reasons, the use of alcohol and tobacco by young people is prohibited in every state. And for these reasons, the Commission has directed its attention not only to illegal controlled drugs, but also to alcohol and tobacco.

### WITNESSING THE CASUALTIES OF DRUGS

In its work over the past year, the National Commission on Drug-Free Schools was confronted time and again with the devastating results of drugs. At The Sanctuary, a shelter for runaways in Royal Oak, MI, Commission members met a 12-year-old girl who had been bruised and battered by her father in an alcoholic rage, and who told members that she would swallow, inhale, or inject anything that might dull her pain. They met youngsters in juvenile detention in Dayton, OH, whose relatives had given them their first beers, their first marijuana joints, and their first rocks of crack. They met dropout gang members in Salt Lake City who dealt drugs to buy designer clothes. They met underage students who insisted that it was "their right" to drink alcohol in college and experiment with other drugs, and who did both. They met numerous school principals anguished over children whose addict-parents didn't bother to send them to school regularly, or if they did, often sent them hungry, dirty, and poorly clothed. They met parents in every city who pleaded for help in saving their children from the scourge of drugs and violence, and children in schools everywhere who talked about family, friends, and neighbors who were drug users and pushers or who had been victims of drug-related crimes.

The most innocent and heartrending victims of drugs, however, were the dozens of tiny trembling babies hooked up to IV tubes and blinking monitors in the newborn intensive care unit at Jackson Memorial Hospital in Miami. Abandoned by their addict mothers, they were among the 2,000 cocaine-exposed babies born at Jackson Memorial each year. Many of them also were afflicted with AIDS and other serious mental and physical disabilities and, like drug-affected children all over the country, have flooded their local health welfare, and education systems.

### ***A BASIS FOR OPTIMISM***

The Commission believes that a school or community need not fall prey to drugs. Americans are not powerless; they can fight back against drugs. In its investigations, the Commission also witnessed signs that battles are being won: students in every school and college visited have taken leadership roles in peer programs to prevent alcohol and other drug abuse on their campuses; parents in Fort Wayne, IN, have organized party safe-home networks; schools in a variety of communities have developed programs for students who need help with drug abuse or other problems; Multnomah County Sheriff officers and public housing residents have kicked drug gangs out of Columbia Villa in Portland, OR.

The Commission heard testimony from many communities where parents have taken the lead in the war on drugs. In inner city Detroit, parents have formed Save Our Sons And Daughters (SOSAD) to fight the drugs and violence in their neighborhoods. In the exclusive suburbs of Miami, Informed Parents educate families about drug prevention and intervention and contribute to metropolitanwide drug initiatives. In Omaha, "Mad Dads" patrol the streets to break up drug deals, and volunteer for youth activities in their schools and churches.

Another demonstration of how families, schools, and communities can counter the effects of drugs was the Commission's visit to Charles Drew Elementary School, a haven in the heart of Miami's drug-infested Liberty City area. In contrast to the squalor beyond the schoolyard, orderly classrooms were filled with enthusiastic students who responded to questions confidently and articulately. There, caring teachers set high academic standards and enjoyed strong support from parents who were highly visible in the school. And at Eastern Junior High School in Lynn, MA, the Commission met school staff members who volunteer their personal time to open the building at 7:30 a.m. and provide tutoring and supervision for students who arrive early, and Bank of New England employees who tutor students one-on-one before and after school.

### ***THE NEED FOR LEADERSHIP AND BROAD PARTICIPATION***

At all of the schools and colleges visited that were effective in reducing drug use, the Commission found a leader who inspired other adults to get involved and students to achieve. Indeed, in the elementary and secondary schools, the principal personally set the tone for an orderly, caring, and achievement-oriented environment in which drugs were not tolerated.

Such leadership and commitment by school leaders and their staffs is essential, but schools and colleges cannot prevent drug use alone. The people of America must hold high expectations for youth, from pre-kindergarten through college, and citizens must be willing to give of themselves. As a school counselor in Oregon told the Commission, "There is not enough money in the country to pay people to help our children in need, but there are enough people to help if they will only care to."

In many of the communities visited, the Commission found that people do care enough to help young people, make neighborhoods safer, and provide alternatives to drugs. In Miami, for example, the Miami Coalition for a Drug-Free Community has brought together parents and leaders from business, industry, education, religion, law enforcement, and community services to focus on local drug problems with privately raised funds. The religious community has coordinated antidrug Red Ribbon Week activities that packed thousands into a football stadium. Through community action teams, parents have worked with the schools to establish networks, parent skills training programs, and drug-free activities for students. When Florida passed Drug-Free School Zones legislation, the Coalition bucked various bureaucracies to erect Drug-Free School Zone signs around every school in the city, and systematically has eradicated the crack houses in many neighborhoods. Coalitions like this exist all over the country, including the Coalition Against Drug Abuse (CADA) in Washington, DC, Partners in Prevention in Portland, OR, and the Orange County Substance Abuse Prevention Partnership in California.

Clearly, effective drug prevention efforts require more than commitment from schools—they require support and involvement from the community. As the Multnomah County, OR, district attorney told the Commission, "We could have drug-free schools tomorrow, but what we really need are drug-free communities." The Commission believes that all Americans share this responsibility to help fight drugs and to set an example for young people by living healthy, responsible, drug-free lives.

### *A CALL TO ACTION*

The need for leadership and broad participation in drug prevention is not just for a year or two, but rather for the next decade and beyond. Alcohol and tobacco, especially, will be difficult to eliminate from young people's lives because they are legal for adults and accepted. Considering the magnitude of changes needed, it is clear that the national commitment to drug-free youth must be long term. The recent declines in drug use by young people show that progress is possible—but not inevitable. Now is precisely the wrong moment to be complacent about any success. National resolve must not slacken. America must redouble its efforts, and must refuse to tolerate drug use in any school, in any community, and in any home. The nation's children deserve no less.

# GOALS FOR SCHOOLS, COLLEGES, AND UNIVERSITIES

America's leaders have set a national goal of drug-free schools by the year 2000. This goal is one of six key performance goals for the nation's schools that federal and state officials adopted at the September 1989 education summit convened by President Bush in Charlottesville, VA. By the year 2000, according to the national goals statement, the nation will:

- ◆ prepare all children to start school ready to learn;
- ◆ increase the high school graduation rate significantly;
- ◆ improve student achievement and citizenship;
- ◆ lead the world in mathematics and science achievement;
- ◆ ensure that all adults are literate, skilled, and responsible citizens; and
- ◆ maintain safe, disciplined, and drug-free schools.

The Commission endorses these national goals, but it also believes that the last goal must come first, because safe, disciplined, and drug-free schools form the foundation for improving student performance. The steps that schools can take to prevent drug use will help improve education in the same way that providing students a high-quality education can help reduce drug use. The Commission found, however, that the vast majority of schools and colleges have not established goals and objectives for drug-free schools. Schools that have successfully reduced drug use do have goals and have built widespread support for those goals within the school and community. These schools hold students and staff accountable, and they count on parents, teachers, and other adults to set an example by not using drugs or abusing alcohol, by being informed about the dangers of drug use, and by upholding the law. Their goals reflect community standards and values and help establish a comprehensive drug prevention strategy with specific objectives which are reviewed and updated periodically.

The following is a timetable for meeting objectives toward the goals of drug-free schools.

***By 1991, all schools, colleges, and universities should:***

- ◆ Establish a school-based prevention task force to assess drug problems including problems with alcohol and tobacco and to develop strategies for eliminating drugs.
- ◆ Establish base line data for use in developing and evaluating programs.
- ◆ Conduct a comprehensive assessment of the schools' drug problems every two or three years, including an analysis of resources available in the school and community, a review of staff training needs, and an evaluation of the schools' prevention programs. Use results to design, evaluate, and improve programs.
- ◆ Establish local goals and objectives for achieving drug-free schools.
- ◆ Develop standard operating procedures for selecting and using drug education programs, activities, and materials, concentrating on what research has shown to reduce drug use.
- ◆ Establish firm, no-use policies with appropriate sanctions that prohibit drug use including alcohol and tobacco, by students, staff, and others at school and at all school-related events.
- ◆ Review school policies and state and local laws on alcohol, tobacco, and other drugs to ensure they support each other. Work with local and state legislators to strengthen laws that do not support school policies.
- ◆ Work with local law enforcement officials to ensure that laws on drugs including alcohol and tobacco are enforced fairly and consistently throughout the community.
- ◆ Set up drug-free school zones and strictly enforce all provisions.



- ◆ Reward students who participate in programs and activities that promote being alcohol and drug-free.
- ◆ Coordinate services of community agencies and organizations involved in law enforcement and in drug education, prevention, and treatment. Develop written agreements that outline prevention roles and responsibilities for schools and community groups. Establish guidelines for enforcing all drug laws, including those related to alcohol and tobacco.
- ◆ Identify students most at risk of drug use, and develop prevention programs for them.
- ◆ Develop a good working relationship with local private-sector employers and the greater business community to reinforce school prevention programs.
- ◆ Help develop a broad-based community task force to address the community's problems with alcohol, tobacco, and other drugs.

***By 1992, all schools, colleges, and universities should:***

- ◆ Develop comprehensive prevention and education programs, addressing the most critical needs first.
- ◆ With help from the community and the private sector, keep the school open after hours and during the summer as a community resource.
- ◆ Develop strategies to improve instruction and students' academic performance, and to train all teachers, administrators, and other school employees in drug prevention.
- ◆ Expand drug-free zones around schools each year.

***Between 1992 and 1999, all schools, colleges, and universities should use their prevention task forces to help conduct the following efforts:***

- ◆ Use research and evaluation findings to develop prevention and education programs that deal with the needs identified in school and community assessments. Seek participation and support from the community and the private sector in developing programs.
- ◆ Review annually school policies, programs, and practices on drug use including alcohol and tobacco, to ensure they meet objectives, and make necessary changes.
- ◆ Maintain close working relationships with community agencies, law enforcement, and the private sector to ensure that support for prevention programs and enforcement of all drug laws is continued.
- ◆ Train all staff regularly in the prevention of drug use including alcohol and tobacco use.
- ◆ Assess drug problems and evaluate programs every two or three years to document reductions in alcohol and drug use.
- ◆ Educate all parents about drugs and alcohol, including signs of use.
- ◆ Provide regular drug and alcohol orientation courses for college students.

***By the year 2000, all schools, colleges, and universities should:***

- ◆ Ensure that schools and colleges are drug free.

## PART V

# ALCOHOL AND TOBACCO USE AMONG YOUTH

This report discusses alcohol and tobacco in a separate section for five compelling reasons:

- ◆ Alcohol and tobacco are the most widely used drugs among young people today, even though their purchase is illegal for most students.
- ◆ Both alcohol and nicotine are psychoactive drugs that can and often do have extremely negative consequences for the user, for the family of the user, and for the community at large, including schools and colleges.
- ◆ Alcohol and tobacco are gateways to other, increasingly more harmful, drugs.
- ◆ If messages about drug use are to be credible and consistent, society must address *all* drugs. To discuss only concerns about controlled drugs would send a message that alcohol and tobacco do not present significant problems, or that society is willing to overlook these problems.
- ◆ The Commission believes that the nation's illegal drug problems will not be eliminated until the gateway drugs—alcohol and tobacco—are dealt with more effectively.

For the nation to reduce its levels of alcohol and tobacco use, attitudes and behavior must change. The Commission is not recommending that the *legal* use of alcohol or tobacco be limited or infringed. Nor is the Commission recommending that any one segment of the community should shoulder alone the responsibility for eliminating alcohol and tobacco use by minors. However, making sure that young people do not use alcohol and tobacco is similar to making sure they do not use controlled drugs: Both objectives require a comprehensive effort that involves the whole community.

The following section discusses the current state of alcohol and tobacco use among young people and suggests ways in which the problem can be successfully attacked.

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"I don't think there's a member on the panel today who will argue that alcohol is not a drug. We might argue a little harder about its comparison to crack, cocaine, and heroin, but alcohol is a drug."

—Stephen Burrows, Anheuser-Busch, Inc.

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## HOW SERIOUS ARE ALCOHOL AND TOBACCO PROBLEMS AMONG YOUNG PEOPLE?

### *Alcoholic Beverages*

Alcohol is the most widely used drug among American adolescents and college students, even though it is illegal for youths under age 21 to purchase alcohol in all 50 states. In 1989, some 60 percent of high school seniors and 76 percent of college students (ages 18 to 22) said they had drunk alcohol within the previous month (Johnston et. al., 1990). Perhaps more important, 33 percent of high school seniors and 42 percent of college students reported at least one occasion of heavy drinking (five or more drinks in a row) within the previous two weeks. By comparison, 17 percent of high school seniors reported using marijuana, 2 percent reported using inhalants, and 3 percent reported using cocaine within the previous month.

Alcohol use begins early among young people. According to data obtained from the 1988 National High School Senior Survey, 17 percent of high school seniors reported having been drunk by eighth grade, 37 percent by ninth grade, 54 percent by tenth grade, and 71 percent by twelfth grade. These estimates are conservative for the age group as a whole because school dropouts are excluded from the survey.

Among adolescents, alcohol is a major factor in early deaths, especially those resulting from injury in motor vehicle and other accidents. The four leading injury-related causes of death among youths under age 20, according to CDC, are motor vehicle accidents, homicides, suicides, and drowning, in that order, and alcohol was involved in a significant proportion of the more than 22,000 fatal injuries to minors reported in 1986. Motor vehicle accidents account for nearly half of all the fatal injuries to adolescents (*Associated Press*, July 7, 1990).

Less familiar, but also well documented, are the connections between alcohol consumption by minors and violent and disruptive behavior. A significant proportion of violent crimes among students, such as date or acquaintance rape, robbery, and assault, have been shown to involve alcohol. A survey of college administrators indicates that more than half of campus incidents—which ranged from violent behavior to damage to residence halls and other property—were related directly to alcohol use.

Finally, alcohol is a gateway drug in the progression toward use of illicit controlled drugs; an overwhelming number of the young people who use controlled drugs first used alcohol. Alcohol use tends to continue after a pattern of use of controlled drugs is established, and the combination often leads to higher-than-average alcohol injury and death.

## ***Cigarettes and Other Tobacco Products***

Cigarettes and other tobacco products are the only legal products in the United States today that, when used as intended, kill a significant proportion of their consumers. Indeed, some authorities claim that cigarettes probably kill more American consumers than all other drugs combined.

About 90 percent of adult smokers began to smoke in adolescence or childhood and have continued to smoke throughout their adult lives because the addictive properties of nicotine make it so difficult to quit. As is evident from the large number of young people who continue to take up smoking cigarettes and, to a lesser extent, chewing tobacco, young people tend to underestimate the likelihood that they will become addicted and continue their tobacco habit into adulthood.

Among American high school seniors, nearly 30 percent are smokers, and among older dropouts, approximately 75 percent smoke (*Journal of the American Medical Association*, May 23, 1990). These statistics are troubling because they have remained virtually constant in recent years, despite a reduction in smoking among adults, increased societal disapproval of smoking, enactment of increasingly more restrictive laws regulating smoking in public places, and a substantial reduction in most forms of illicit drug use. Considering that we now know much more about the harmful effects of smoking than we did a generation ago, it seems unconscionable that so many of our young people still take up smoking and will face early, preventable illness and death.

Preventing smoking among young people is important not only for health considerations but also because of the link between cigarette smoking and other drug use, especially marijuana. Cigarettes, like alcohol, are a gateway drug that can lead to involvement with controlled drugs. As with drinking alcohol, most illegal drug users smoked cigarettes first and continued to smoke cigarettes after beginning to use illegal drugs. A link between cigarettes, marijuana, and crack is not surprising, given that these drugs are ingested by inhaling smoke into the lungs. Smoke inhalation is an abnormal behavior that must be learned and reinforced over time, and cigarette smoking teaches young people how to inhale smoke. Smoking cigarettes also teaches young people that they can use psychoactive drugs to manipulate their moods, alertness, and consciousness through chemicals.

If ours is a compassionate society, we must make it a priority to protect young people from the extremely negative consequences of tobacco use, for the sake of themselves, their families, and society. Failure to do so threatens the health and well-being of future generations. Previous generations did not know the harmful consequences of smoking. This generation has no such excuse.

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"I think Ohio State University [and other colleges] need an institutionalized attitude change. Judicially, 80 percent of all of our cases are due to, or related to, some kind of alcohol and drug use."—*Lisa Prudhoe, Drug and Alcohol Resource Center, Ohio State University*

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"Alcohol and nicotine are considered 'gateway drugs' because they invariably are the precursors to using all the 'other bad stuff' available to children on the streets. They are addictive and can lead to grievous illness. And their use by children is illegal. Thus, when parents wink at their use by children—on the permissive theory that their progeny are merely 'feeling their oats,' 'being part of the gang,' or 'just growing up' or have the misguided belief that children should experiment with alcohol at home, 'to learn to drink sensibly'—they are implicitly making them scofflaws, in addition to setting the stage for potential personal disaster in the family..."

—*Thomas A. Shannon, National School Boards Association*

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- ◆ Cigarettes kill 390,000 Americans every year, a death toll equivalent to that which would result from three 747s crashing every day of the year.
- ◆ Smoking is the principal cause of preventable death in this country. The effects of passive exposure to smoke are estimated to account for nearly 50,000 additional deaths a year.
- ◆ Each day more than 3,000 children and adolescents start smoking. They consume nearly a billion packs of cigarettes a year. (*DHHS Inspector General's Report*, May 1990).
- ◆ In 1986, 1.7 million boys ages 12 to 17 had used chewing tobacco within the previous year. (*Journal of American Medical Association*, May 23/30, 1990)

#### ❖ COMMISSION FINDINGS

"My request of the tobacco, alcohol, and media industries would be not that [you] start developing educational programs for the schools, but that [you] take your own monkey and keep it on your back and shape up your advertising—do what you ought to be doing. We would rather have you use your expertise to advertise to young people not to drink at all, and why they shouldn't drink—not that they shouldn't drive drunk, because that isn't even a message for kids."—*Anne Meyer, National Federation of Parents for a Drug-Free Youth*

**Society—especially parents, other family members, and adults in positions of authority—is too permissive toward alcohol and tobacco use by young people.**

The probability that young people will use alcohol or tobacco increases in proportion to the number of family members who use these drugs. When parents use these drugs or are permissive in their attitudes toward these drugs, chances increase that their children will use them. What is more, parental approval of drinking is a significant factor in the amount of alcohol consumed by teenage drinkers. Many parents, educators, and law enforcement officials are inclined to ignore alcohol and tobacco use by young people—and may even be relieved that the young people are not using drugs like heroin and cocaine.

**Voluntary advertising codes that limit the youth-oriented images that can be used in alcohol and tobacco advertising are not being followed. The alcohol and tobacco industries often target those under the legal drinking and smoking ages with highly attractive and persuasive advertising and promotion techniques.**

Advertising for beer and wine coolers especially is aimed at a young audience and marketing strategies are insidious. Young people are told, "Weekends belong to Michelob," "It's Miller time," and "Colt 45 works every time." The lovable dog Spuds McKenzie is clearly attractive to adolescents and even young children, and he helps to portray drinking as fun, innocent, safe, and acceptable. Wine coolers have been used to blur the distinction between alcoholic and nonalcoholic drinks. The vast majority of young people begin drinking by their midteens, so alcohol manufacturers that target young people stand to increase their market share by establishing an early loyalty to their brand and few seem to have any compunction about such targeted advertising. Alcohol advertisers have also targeted students through a variety of promotions such as the sponsoring of activities during spring break. During these breaks students, many of them underage, flock to vacation spots like Ft. Lauderdale, Florida where the major beer companies provide entertainment.

Even though cigarette advertising has been banned from the electronic media since 1971, cigarettes are the most heavily advertised products on billboards and the second most advertised products in magazines. Cigarette promotions are ubiquitous: cigarette ads appear on T-shirts, on

scoreboards at sporting events, and on race cars; and free cigarette samples are distributed regularly at places where young people congregate. The industry's advertising and promotion expenditures since the early 1970s have increased more than threefold, after correction for inflation; today some \$3.25 billion a year is spent on cigarette advertising and promotion. That money buys ads with youthful looking models who project images that appeal to adolescents. The healthy young Newport smokers are "alive with pleasure." Virginia Slims ads, aimed at women, link smoking with being svelte and sensuous. Kools are smoked by macho motorcycle men. Lucky Strikers are tough, rebellious youths. Camels uses a cute cartoon character to convince young people that smoking is fun.

The Commission found that the alcohol and tobacco industries are attempting to persuade young people that drinking and smoking are socially acceptable and more attractive than they otherwise might assume. In sum, alcohol and cigarette advertising are powerful forces designed to create a new generation of drinkers and smokers.

Laws prohibiting the purchase of alcohol and tobacco by minors are not strictly enforced, with the result that young people can easily find and purchase these drugs.

Most alcohol and tobacco products are affordable for most people (sometimes a six pack of beer or a bottle of wine can cost as little as \$2, less than a six pack of soda) and are easily purchased at liquor stores, supermarkets, gas stations, and convenience marts. When communities do not enforce state laws or local ordinances regulating the sale of alcohol and tobacco, the young can buy and consume these drugs as easily as adults can.

The majority of students interviewed by the Commission said that students suffered few or no consequences for buying or using alcohol, even when they were apprehended by police or school officials.

Most young people lack the maturity to understand the consequences of alcohol or tobacco use, and they believe that they are invulnerable to risks.

Most adult smokers and drinkers began using these drugs during their teens. Many teens, however, do not believe that tobacco or alcohol use presents any major long-term health risks. Some students acknowledge the risks but believe that they will beat the odds. This inability to relate current behavior to results that may not occur for 20 or 30 years epitomizes the adolescent outlook. Such beliefs tragically cause thousands of alcohol-related fatalities each year, and hundreds of thousands of tobacco-related deaths per year in the longer term.

Most young people are under peer pressure to drink and many are under some pressure to smoke.

Young people do not often drink alcohol alone; they drink to be sociable, to be accepted, to be part of the in-crowd. Few begin smoking by themselves. The Commission heard from many students around the country who said that peer pressure was one of the factors that encouraged their use of alcohol and tobacco.

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"School programs based on the social influence model (resisting peer pressure and other outside influences) can be highly effective in decreasing substance use among young adolescents....Project ALERT was most successful against socially disapproved substances; it was less effective in counteracting the forces that promote alcohol use. As long as the media and most adults directly contradict the message, social influence programs are not likely to realize their potential against alcohol."—*Rand Corporation, Evaluation of Project ALERT, March 1990*

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"If the alcohol industry is so concerned with our young people, why don't they just come out and once and for all tell young people under the age of 21, because we care about you, we don't want your business."—*Bobby Heard, Student, Texas War on Drugs*

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The alcohol industry has made some efforts to prevent underage youth from drinking.

The alcohol industry has provided financial support for a variety of alcohol prevention programs and has sponsored advertising campaigns such as Coors', "Now, Not Now" commercial that promote responsible use. These efforts however, have not been sufficient to reduce the drinking levels of high school or college students.

### **WHAT CAN WE DO TO REDUCE ALCOHOL AND TOBACCO USE AMONG YOUNG PEOPLE?**

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"These commercials (TV beer and wine cooler ads) which typically portray drinking in a highly-attractive fashion, often employing generic lifestyle appeals and themes, can stimulate increased drinking by underage youth through a number of mechanisms. The basic effects gradually accumulate over hundreds of exposures to these ads, as the images and the beliefs that young people acquire gradually form and develop into favorable attitudes and increases in drinking practices."—Dr. Charles Atkin,  
*Michigan State University*

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Schools clearly have an important education and prevention role to play through their curriculum and policies regarding smoking and drinking. Their influence in preventing alcohol and tobacco use by minors will be limited, however, if the external social environment does not change.

The Commission supports *all* efforts to reduce the *illegal* use of alcohol and tobacco and to counteract the adverse effects of alcohol and tobacco promotion and advertising on youth. The Commission consequently makes the following recommendations for Congress, the states, communities, schools and colleges, and families.

#### **❖ RECOMMENDATIONS FOR CONGRESS TO CONSIDER**

##### **Require equal time for counteradvertising targeted toward underage youth.**

A portion of the total alcohol and tobacco industries' expenditures on advertising and promotion campaigns should be assessed and appropriated for an independent organization to develop and implement a counteradvertising campaign aimed at curbing alcohol and tobacco use by underage youth. The amount of funds from the alcohol and tobacco industries should be sufficient to develop and operate a substantial public education program to balance the messages that have the effect of encouraging young people to drink and smoke. The counteradvertising campaigns could serve as remedial education for young people who have been influenced to use these drugs by exposure to advertising and promotion from these industries over the years.

##### **Require additional health and safety messages on all alcohol and tobacco products and their advertising.**

All alcohol and tobacco products, including those used in promotional campaigns, should prominently display warnings that inform consumers that it is illegal for minors to purchase the products. Warnings also should note that the individual product is addictive; that use during pregnancy can cause birth defects; and, for alcohol products, that alcohol use impairs the ability to perform certain tasks, such as driving and learning.

By 1992, require that an independent agency examine whether advertising practices still target youth and glamorize alcohol and tobacco use. If such promotional tactics continue, Congress should

**consider enacting a ban on advertising and promotion of either or both of these products.**

The Commission has determined that much alcohol and tobacco advertising and promotion appear to target underage youth and glamorize use although voluntary industry guidelines prohibit such practices. By 1992, an independent agency should evaluate whether such targeting and glamorizing practices still appear to exist. If such practices continue, Congress should consider a ban on all alcohol and tobacco advertising and promotion in order to protect young people.

**Increase excise taxes on alcohol and tobacco products as a deterrent to use.**

Empirical evidence suggests that higher prices help deter use of alcohol and tobacco products by young people. The extremely low cost of beer helps to explain its popularity. Congress should increase excise taxes to help deter use by young people, and revenues from the increased taxes should be used to fund alcohol and tobacco prevention, treatment and health programs.

#### ❖ **RECOMMENDATIONS FOR STATES TO CONSIDER**

**Raise taxes on cigarettes and alcoholic beverages, especially beer.**

States—especially those with unusually low tax rates on alcohol and tobacco products—should increase taxes to deter use and to provide funds for education, media campaigns, and other prevention activities.

**Launch statewide antidrug, antismoking, and antidrinking media campaigns.**

Experiences with counteradvertising suggest that it can be effective in dissuading people from using harmful products. Research shows that counteradvertising campaigns are most effective when they are published or aired frequently over an extended period of time. Such campaigns should be designed with a particular emphasis on deterring use among youth.

**Enact legislation to require tobacco vendors to be licensed, vigorously enforce licensing regulations for merchants of alcohol and tobacco products, and make license revocation a penalty for selling to minors.**

States should require merchants to be licensed to sell tobacco products as well as alcohol products, should enforce licensing regulations vigorously, and should stipulate that merchants caught selling tobacco products to minors will, at a minimum, lose any licenses to sell either alcohol or tobacco. States also should set aside adequate funds for enforcement activities.

**Ban cigarette vending machines.**

Vending machines make it easy for minors to purchase cigarettes even though state laws prohibit them from purchasing tobacco. Vending machines to which youths have access should be eliminated.

**Prohibit alcohol and tobacco advertising and promotion at all state colleges and universities, including at sporting events.**

Although nearly two-thirds of the entire college and university population is of the legal age to drink alcohol and smoke cigarettes,

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Researchers found that states with relatively high excise taxes on beer have lower death rates from motor vehicle accidents for youth ages 15 to 24. (*Sixth Special Report to Congress on Alcohol and Health, January 1987*)

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The 1990 California Alcohol Tax Initiative is expected to raise approximately \$700 to \$800 million annually. The funds, to be used for a variety of alcohol-related programs, will be raised from an excise tax surcharge equivalent to a "nickel a drink" tax placed on beer, wine, and distilled spirits. A drink is defined as 12 oz. of beer, 5 oz. of wine, and 1 oz. of distilled spirits. (*Alcohol Tax Initiative Committee*)

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"Absent the cooperation of media and advertising, we must teach our children to question, to analyze, and to evaluate the messages they're receiving in the media. They must understand that there is a bottom line there, that those people are trying to sell them a product."—Karen Reist, Scott Newman Foundation, Los Angeles, California

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more than a third is not. Many college visitors also are underage and cannot legally drink or smoke. Because alcohol and tobacco are illegal for a significant portion of college students and visitors and they are contrary to creating a healthy environment for learning, colleges should not allow their promotion anywhere on campus.

#### ❖ **RECOMMENDATIONS FOR COMMUNITIES TO CONSIDER**

##### **Change local ordinances on the sale of tobacco.**

Local ordinances that prohibit the sale of tobacco to minors generally are not enforced, because tobacco is primarily a health issue and not considered an enforcement priority for police. To address community concerns with tobacco sales to minors and police concerns with inadequate resources to enforce tobacco laws, communities should:

- ◆ Decriminalize offenses and make them civil rather than criminal;
- ◆ Assign responsibility for enforcement to a health agency;
- ◆ Provide for enforcement such as "sting" operations;
- ◆ Require tobacco vendors to be licensed;
- ◆ Levy penalties such as substantial fines and revocation of licenses for selling tobacco products to underage youth; and
- ◆ Ban or restrict vending machines and the distribution of free tobacco product samples.

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- ◆ Woodbridge, IL, has a tobacco license law, similar to liquor license laws, that requires merchants who sell tobacco products to obtain a license. The statute makes the sale of tobacco products to minors a local offense (such sale already is a state offense). Merchants who are found guilty of selling tobacco products to minors can be fined as much as \$500. Repeat offenders are subject to license revocation. The law also requires remote-controlled electronic lock-out devices on cigarette vending machines that are accessible to minors.
  - ◆ The Takoma Park, MD, City Council recently approved a ban on cigarette vending machines in premises accessible to children and outlawed the distribution of free samples of tobacco products. The city's law, which also bans smoking in day care centers, says that children are endangered by vending machines; thus the city can remove them from such places as cloakrooms and public buildings.
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##### **Enforce laws prohibiting the sale of alcohol and cigarettes to minors.**

The Commission does not recommend decriminalizing alcohol sale law because, unlike tobacco, alcohol affects other societal issues besides public health. Community leaders should lobby for adequate state law prohibiting the sale of alcohol to underage youth, if they do not already exist, and should insist that the local police department give adequate priority and resources to enforcing them.

##### **Pass ordinances that would limit where stores could display alcoholic beverages. The ordinances specifically should prohibit the display of wine coolers among groceries.**

Wine coolers are often located in the beverage aisle of supermarkets and convenience stores along with soft drinks and fruit juices. Such placement suggests that wine coolers are nonalcoholic, harmless, or even healthy for consumers. Requiring merchants to place wine coolers, beer, and other alcohol products in a separate section of the store will help

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consumers to understand that wine coolers are alcoholic drinks and that the consumption of all alcoholic products should be restricted.

❖ **RECOMMENDATIONS FOR SCHOOLS AND COLLEGES TO CONSIDER**

**Prohibit alcohol and tobacco use at all school and college sporting events.**

**State clearly the school rules regarding alcohol and cigarette use and possession in school and at school events, and ensure the rules are strictly enforced.**

**Prohibit all alcohol and tobacco advertising in school newspapers, at stadiums, and at all school events.**

**Include alcohol and tobacco in the school's drug prevention curriculum.**

**To help counter the influence of advertising, teach students the basic concepts of marketing alcohol and tobacco products and the ways in which marketers seek to initiate and increase product consumption through audience targeting, celebrity endorsements of products, and other means.**

**Provide adequate support programs for students and staff who need help combatting drinking or smoking problems.**

**At colleges, require all organized group residences to develop risk management plans. (See page 28.)**

❖ **RECOMMENDATIONS FOR FAMILIES TO CONSIDER**

**Set a positive example for children and younger siblings.**

**Parents and older siblings generally are the most important role models of behavior related to alcohol and tobacco. Parents should take this responsibility seriously and encourage their older children to be aware of and concerned about their own influence on younger brothers and sisters.**

**Make clear to family members and friends that underage youths may not use alcohol or tobacco in your home.**

**Know your children's friends and establish common rules and expectations with other parents.**

# SUMMARY OF RECOMMENDATIONS

## *RECOMMENDATIONS FOR SCHOOLS TO CONSIDER*

- ❖ All schools should build upon existing law and develop comprehensive policies on the possession, use, distribution, promotion, and sale of drugs, including alcohol and tobacco; specify sanctions for policy violations; and provide all students and parents copies of policies.
- ❖ Every school district should develop and conduct drug education and prevention programs for all students from kindergarten through grade 12.
- ❖ Schools should reinforce the principles of civic and individual values and responsibility.
- ❖ School boards and school superintendents should review health texts and other commercially designed curricula to ensure that information related to alcohol and other drug use is accurate and sends a clear "no use" message.
- ❖ Schools should assess where they place and how they use counselors.

## *RECOMMENDATIONS FOR COLLEGES TO CONSIDER*

- ❖ Colleges should develop and enforce policies that prohibit the use of all illegal drugs.
- ❖ Colleges and universities should conduct mandatory drug education and prevention orientation sessions for all students.
- ❖ Colleges and universities should develop and conduct programs to educate and change attitudes of parents and alumni about drugs, including alcohol and tobacco.
- ❖ Colleges should include drug prevention education in curricula for educators and other professionals who work with youth.
- ❖ At colleges, require all organized group residences to develop risk management plans.

## *RECOMMENDATIONS FOR SCHOOLS AND COLLEGES TO CONSIDER*

- ❖ School superintendents and college presidents should establish a drug education and prevention task force to assess drug problems, student and staff attitudes, and the relevant policies, practices, and programs of the school.
- ❖ Every school district and college should provide leadership training for its top administrators.
- ❖ Every school and college should provide staff members in-service training on alcohol and other drugs.
- ❖ Prohibit alcohol and tobacco use at all school and college sporting events.
- ❖ State clearly the school rules regarding alcohol and cigarette use and possession in school and at school events, and ensure the rules are strictly enforced.
- ❖ Prohibit all alcohol and tobacco advertising in school newspapers, at stadiums, and at all school events.

- ✦ Include alcohol and tobacco in the school's drug prevention curriculum.
- ✦ To help counter the influence of advertising, teach students the basic concepts of marketing alcohol and tobacco products and the ways in which marketers seek to initiate and increase product consumption through audience targeting, celebrity endorsements of products, and other means.
- ✦ Provide adequate support programs for students and staff who need help combatting drinking or smoking problems.

### ***RECOMMENDATIONS FOR SCHOOLS, COLLEGES, AND COMMUNITIES TO CONSIDER***

- ✦ School, college, and community task forces should recognize individuals and groups that demonstrate a leadership role in drug prevention activities.
- ✦ Schools and communities should consider alternative sanctions for students who violate drug laws.

### ***RECOMMENDATIONS FOR FAMILIES TO CONSIDER***

- ✦ Parents should work with schools and colleges to develop and enforce drug policies.
- ✦ Parent and community groups should take a more active role in developing and selecting drug prevention programs.
- ✦ Set a positive example for children and younger siblings.
- ✦ Make clear to family members and friends that underage youths may not use alcohol or tobacco in your home.
- ✦ Know your children's friends and establish common rules and expectations with other parents.

### ***RECOMMENDATIONS FOR THE FEDERAL GOVERNMENT TO CONSIDER***

- ✦ All federal agencies that develop or sponsor a drug education and prevention program should include a "parent component."
- ✦ The Department of Education and the Department of Health and Human Services together should continue to collect and regularly distribute information about effective and ineffective prevention programs, concepts, and activities.
- ✦ The federal government should continue support for long-term research on drug education and prevention programs for epidemiological surveys and longitudinal studies.
- ✦ The federal government should create and provide long-term support for a national drug prevention development center.
- ✦ The federal government should establish a national center to provide colleges training and technical assistance.

## **RECOMMENDATIONS FOR THE DEPARTMENT OF EDUCATION TO CONSIDER**

- ◆ The Departments of Education and Health and Human Services should develop and encourage the use of model survey instruments and assessment standards.
- ◆ The Department of Education should monitor closely the development and enforcement of school and college antidrug policies.
- ◆ The Department of Education should develop model in-service teacher training programs for schools and colleges.
- ◆ The Department of Education should promote the development and use of innovative technology for in-service training.
- ◆ The Department of Education should develop a Drug-Free Recognition Program for colleges.
- ◆ The Department of Education should ensure that all education recognition programs weigh schools' drug prevention policies and programs along with other factors.
- ◆ The Department of Education should ensure that schools conduct periodic evaluations of all drug education and prevention programs.

## **RECOMMENDATIONS FOR CONGRESS TO CONSIDER**

- ◆ Congress should consider amending the Drug-Free Schools and Communities Act to expand the responsibilities of advisory councils.
- ◆ Congress should require all federal and state-funded drug education and prevention program materials to state that all illegal drug use is wrong and harmful.
- ◆ Congress should amend the Drug-Free Schools and Communities Act to give the Department of Education the authority and resources to conduct its own research.
- ◆ Require states, as a condition for receiving Drug-Free Schools and Communities Act funds, to match a percentage of the federal funds they receive.
- ◆ Require equal time for counteradvertising targeted toward underage youth.
- ◆ Require additional health and safety messages on all alcohol and tobacco products and their advertising.
- ◆ By 1992, require that an independent agency examine whether advertising practices still target youth and glamorize alcohol and tobacco use. If such promotional tactics continue, Congress should consider enacting a ban on advertising and promotion of either or both of these products.
- ◆ Increase excise taxes on alcohol and tobacco products *as a deterrent to use*.

## **RECOMMENDATIONS FOR THE STATES TO CONSIDER**

- ◆ Governors should establish a central office or organization to coordinate the statewide administration of all drug education and prevention funds.

- ✦ States should create drug-free schools recognition programs.
- ✦ State and local governments should conduct surveys on trends in drug use among school aged youth.
- ✦ State certification boards should require prospective teachers, counselors, and administrators seeking certification or recertification to have training in drug prevention.
- ✦ States should develop technical assistance centers comparable to the federal regional centers.
- ✦ State governments should increase funding for drug education and prevention programs at all levels, including for state colleges and universities.
- ✦ States and communities should review all laws and ordinances related to the sale or use of tobacco and alcohol, to determine how they can better protect students.
- ✦ Courts should hold parents responsible for using drugs and for encouraging or condoning drug use by their children.
- ✦ States should expand Drug-Free School Zones legislation to include colleges and penalties for the sale of alcohol and tobacco to minors.
- ✦ States should adopt and enforce antiparaphernalia laws such as those in the Model Drug Paraphernalia Act.
- ✦ States should collect and maintain statistical and other relevant information on the amount and type of violations of alcohol laws and ordinances.
- ✦ States should raise taxes on cigarettes and alcoholic beverages, especially beer.
- ✦ States should launch statewide antidrug, antismoking, and antidrinking media campaigns.
- ✦ States should enact legislation to require tobacco vendors to be licensed, vigorously enforce licensing regulations for merchants of alcohol and tobacco products, and make license revocation a penalty for selling to minors.
- ✦ States should ban cigarette vending machines.
- ✦ States should prohibit alcohol and tobacco advertising and promotion at all state colleges and universities, including at sporting events.

#### ***RECOMMENDATIONS FOR FEDERAL AND STATE GOVERNMENTS TO CONSIDER***

- ✦ The government and private sector should consider providing employees time off to work with students.
- ✦ Federal and state governments should fund only those education and prevention efforts that are likely to be effective.
- ✦ Federal, state and local governments should provide additional resources for a variety of drug education and prevention efforts.
- ✦ Establish an assessment fund for drug education and treatment as an option for increasing revenue.

### ***RECOMMENDATIONS FOR COMMUNITIES TO CONSIDER***

- ✦ Each community should establish a drug prevention task force to analyze the extent of alcohol and other drug problems within the community and develop strategies to address problems.
- ✦ Local police departments should work with schools and colleges to develop and enforce school and college policies on drugs, including alcohol and tobacco.
- ✦ All private-sector employers should enforce school alcohol and tobacco policies on the job for employees under age 21.
- ✦ Textbook publishers and commercial curriculum developers should stay abreast of current research and evaluation findings to keep text and other materials up-to-date.
- ✦ The community should keep school buildings open beyond regular schools hours for use by students, families, and the community.
- ✦ Communities should contribute resources to drug education and prevention programs, especially to keep school buildings open after school hours and year-round as community centers.
- ✦ Change local ordinances on the sale of tobacco.
- ✦ Enforce laws prohibiting the sale of alcohol and cigarettes to minors.
- ✦ Pass ordinances that would limit where stores could display alcoholic beverages. The ordinances specifically should prohibit the display of wine coolers among groceries.
- ✦ The private sector should share training, technical expertise, and resources with schools and colleges.

# PARTICIPANTS IN COMMISSION ACTIVITIES

## **WASHINGTON, D.C. SEPTEMBER 28-29, 1989 MacArthur School**

### **Public Hearing**

Dr. Edgar Adams  
National Institute on Drug Abuse

Thomas Albrecht  
National Institute of Justice

Lane Betts  
Federal Bureau of Investigation

Dr. Ron Bucknam  
U.S. Department of Education

Dr. William Bukowski  
National Institute on Drug Abuse

Frankie Coates  
U.S. Drug Enforcement Administration

Dr. Maura Daly  
U.S. Department of Education

Calvin Dawson  
ACTION

Terrence Donohue  
U.S. Department of Justice

Julie Fagan  
U.S. Department of Housing and  
Urban Development

Carl Hampton  
Office for Substance Abuse Prevention

Dr. Lloyd Johnston  
University of Michigan

Allen King  
U.S. Department of Education

Dr. Herbert Kleber  
Office of National Drug Control Policy

Denese Lombardi  
MacArthur School

Robert Long  
National Institute of Justice

Ken Morris  
U.S. Border Patrol

Carol Petrie  
U.S. Department of Justice

Dr. Robert Rubel  
National Institute of Justice

Nelson Smith  
U.S. Department of Education

Charles Sorrentino  
U.S. Department of the Treasury

Ronald Trethric  
U.S. Department of Justice

## **PORTLAND, OREGON NOVEMBER 6-7, 1989 George Middle School Portland State University**

### **Public Hearing**

Jane Arkes  
George Middle School

The Honorable J.E. Bud Clark  
Mayor, Portland, Oregon

Rosanna Creighton  
Citizens for a Drug-Free Oregon

Linda Ellison  
Albany Free from Drug Abuse

Dr. Monty Ellison  
Albany Free from Drug Abuse

Stephen Griffith  
Portland School Board

Dr. Eugene E. Hakanson  
Portland State University

Ron Herndon  
Albina Ministerial Association

Jeffrey Kushner  
Oregon Office of Alcohol and Drug  
Abuse Programs

Judson Randall  
*The Oregonian*

Michael Shrunck  
Multnomah County District Attorney

### **Issue Discussions**

Nancy Ames  
Educational Development Center

Tony Biglan  
Oregon Research Institute

Dr. Joan Bissell  
University of California at Irvine

Captain Michael Bostic  
Los Angeles Police Department

Dr. Margaret Branson  
Kern County Schools

Dr. William Bukowski  
National Institute for Drug Abuse

Caroline Cruz  
Oregon Prevention Resource Center

William Edelman  
Orange County Drug Treatment and  
Prevention

Jill English  
Western Center for Drug-Free  
Schools and Communities

Theodore Faro  
Banks School District 13



Don Fitzmahan  
Roberts, Fitzmahan & Associates

Roy Gabriel  
Western Center for Drug-Free Schools  
and Communities

Kris Graham  
Atlantic Shores Hospital

Dr. David Gustafson  
University of Wisconsin

Dr. Eugene Hakanson  
Portland State University

Dr. David Hawkins  
University of Washington

Robert Jackson  
Oregon Criminal Justice Department

Judy Johnson  
Western Center for Drug-Free Schools  
and Communities

Dr. Karol Kumpfer  
University of Utah

Gerald Lundquist  
Chief Leschi High School

Binah Paz  
Chief Leschi High School

Lesley Pomeroy  
Newberg School District

Dr. Buzz Pruitt  
Texas A&M University

Charles Quigley  
Center for Civic Education

Dr. Jean Richardson  
University of Southern California

Marilyn C. Richen  
Portland Public Schools

Clay Roberts  
Roberts, Fitzmahan & Associates

Linda Rudolph  
Chief Leschi Schools

Mary Simpson  
Newberg Public Schools

Terry Taege  
Lutheran Brotherhood

Sunny M. Thomas  
Texas Education Agency

#### **Schools Participating in Meetings with Students, Teachers, and Administrators**

Banks Public Schools

Beaverton Public Schools

Gresham Public Schools

Chief Leschi Schools

Newberg Public Schools

Portland Public Schools

Reedsport Public Schools

Tigard Public Schools

#### **Site Visits**

Columbia Villa Housing Development  
Portland, Oregon

Harriet Tubman Middle School  
Portland, Oregon

Portland School Police headquarters  
Portland, Oregon

### **BOSTON, MASSACHUSETTS**

**NOVEMBER 13-14, 1989**

**Madison Park-Humbrey Center High School**

**Boston University**

#### **Public Hearing**

Dennis Austin  
Raytheon Company

The Honorable Ted Kennedy  
U.S. Senator, Massachusetts

Mary Ann Lee  
Governor's Alliance Against Drugs

Keema McAdoo  
Jeremiah Burke High School

The Honorable Evelyn F. Murphy  
Lieutenant Governor, Massachusetts

Julia Ojeda  
The Prevention Center

Thomas O'Reilly  
Boston School Committee

Dr. Deborah Prothro  
Stith Community Care Systems, Inc.

Khrista Ribeiro  
East Boston High School

Frances Roache  
Boston City Police

Jim Watson  
Madison Park/Humphrey Center  
High School

#### **Issue Discussions**

Arcenia R. Allen  
Citywide Parent Council

Dr. Leslie Beale  
Boston University

Kevin Burke  
Essex County District Attorney

Blanca Carrena  
Chelsea, Massachusetts

Thomas Connelly  
Wappinger School District

Linda Jo Doctor  
Department of Public Health

Susan Downey  
Governor's Alliance Against Drugs

Cary Edwards  
Former New Jersey Attorney General

Marjorie Ann Eure  
Lee Elementary School

Bernadette Fitzgerald  
Don Bosco High School

Emmet Folger  
Dorchester Youth Collaborative

Joseph W. Gauld  
The Hyde School